



NAACP LA

Los Angeles NAACP Discrimination Complaint Form

Date _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Please check your type of complaint:

- Police Misconduct () Education () Employment () Housing ()
- Public Transportation () Public Accommodations () Banking & Finance () Government Agency ()
- Race Relations () Veterans' Affairs () Print & Electronic Media () Stage & Theatre ()
- Community Relations () Other _____ ()

Do you currently have an attorney working on your behalf? Yes () No ()

If yes, please complete the following:

Attorney's Name _____ Phone _____

Address _____ Zip Code _____

Has a lawsuit been filed? Yes () No () If yes, when was it filed? _____

In what city? _____ In what court? _____

Do you wish to file a civil or criminal appeal? Yes () No ()

Do you have financial resources? Yes () No ()

Have you filed a complaint with EEOC or Fair Housing & Employment? Yes () No ()

If yes, when was it filed? _____

If this is an employment complaint, please provide the following information.

Employer or former employer _____

Address _____ City _____ Zip Code _____

Phone _____ Supervisor _____

Union _____ Business Agent/Steward _____

Local No. _____ Address _____

Has a grievance been filed through your union? Yes () No ()

